

KONA ADVENTIST CHRISTIAN SCHOOL

82-103 Kinue Road, Captain Cook, Hawaii (808) 323-2788

STUDENT APPLICATION & FINANCIAL INFORMATION

1. Student's Legal Name _____ Gender _____
LAST FIRST MIDDLE
2. Date of Birth _____ Place of Birth _____ Age _____
MO. DAY YR.
3. Grade applying for _____ ESL (Yes) (No) Student Social Security _____
Circle One
4. Please submit one of the following in order to verify birth date for child entering kindergarten or first grade
☐ Birth certificate ☐ Notarized Statement
☐ Hospital statement ☐ Passport or visa
5. Application Fee must be paid prior to administering placement test
Verified _____ Date _____ \$ _____
SCHOOL OFFICIAL DATE
6. Home address _____ P.O. Box _____
NUMBER STREET
CITY STATE ZIP Home Phone _____
Student Email _____ Student Cell Phone _____
Race/Ethnicity _____ Primary Language _____
7. Student living with: Father () Mother () Stepfather () Stepmother () Other _____
SPECIFY
Parent/Guardian _____ Relationship _____
Responsible for financial statements? ☐ Yes ☐ No Home Phone _____
Cell Phone _____ Work Phone _____ Email _____
Occupation _____ Religious Preference _____ If SDA, church _____
Race/Ethnicity _____ Primary Language _____ SSN _____
Parent/Guardian _____ Relationship _____
Responsible for financial statements? ☐ Yes ☐ No Home Phone _____
Cell Phone _____ Work Phone _____ Email _____
Race/Ethnicity _____ Primary Language _____ SSN _____
Occupation _____ Religious Preference _____ If SDA, church _____
8. Name and address of person to whom financial statements are to be sent if **different** from Parent/Guardian above
Name _____ Relationship _____ ☐ SDA ☐ Non-SDA
Billing Address _____ Phone _____
9. Is this student a baptized member of the Adventist church? ☐ yes ☐ no
If yes, indicate when baptized _____ Church where membership is held _____
If student has some other church affiliation, specify _____

10. School last attended _____
 if not a returning student: NAME OF SCHOOL ADDRESS TELEPHONE
11. Siblings: _____ Age _____ Gender _____ School _____
 _____ Age _____ Gender _____ School _____
 _____ Age _____ Gender _____ School _____
12. Has this student been previously identified as qualifying for a gifted or special education program? ☐ Yes ☐ No
 If yes, what kind? _____ When? _____
 Where? _____ By whom? _____
13. Does student have an unpaid account at another school? ☐ Yes ☐ No
 If yes, state where _____

FINANCIAL CONTRACT:

I have read and understand the Kona Adventist Christian School Handbook including the section on finance. I understand and fully accept my obligations.

_____ Initials _____ Date

PARENT CONTRACT:

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (including the scoliosis examination) and c) or when required by the Hawaii Conference Board of Education; and to accept all financial educational obligations for this student.

 PARENT'S/GUARDIAN'S SIGNATURE

 DATE

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

 STUDENT'S SIGNATURE

 DATE



Kona Adventist Christian School
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We Grow Children

"Physically, Mentally, Spiritually"

Parental agreement for volunteer time at KACS

Parents' and/or guardians' statement of understanding that you will volunteer a minimum of 40 hours of service in a school year.

Please schedule volunteer time with the principal. We will have a sign-in sheet to fill out as you donate your time. Please plan to spend a minimum of 10 hours per quarter at KACS. We believe God will reward you for your service and that you will enjoy the time spent contributing to the betterment of Kona Adventist Christian School.

Please indicate by CIRCLING areas you would like to be involved in:

Home & School
School Events
School Programs
Graduation Kinder/8th grade
Field Trips
Class projects
Holiday celebrations
KACS garden
School Cleaning
Fundraising
Classroom help: copying, filing, reading buddy
Worship speaker
Career Day speaker
Other:

Signature of parent/guardian_____

Date_____



Adventist Education



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Picture/Video Use Release

I hereby give my permission to Kona Adventist Christian School to photograph, videotape, or otherwise record my name, voice, and/or person. I understand that these recordings will be used exclusively for non-commercial, educational purposes, which may include distribution by print or digital media and open-circuit (broadcast), closed-circuit, yearbook, website, and/or cable television transmission within or outside of the state of Hawaii in perpetuity.

I also understand that there will be no financial or other remuneration for these recordings, either for initial or subsequent transmission or playback, and that KACS is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Kona Adventist Christian School may use my name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Student name: _____ Grade: _____

Signature of parent/guardian: _____

Date: _____



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Field Trip / Off Campus
Permission Slip & Liability Waiver

Student name: _____ Grade: _____

I (We) hereby give permission for my (our) child to participate in all officially sponsored off-campus activities and field trips of Kona Adventist Christian School during the 2025-2026 school year.

I understand that a school supervisor(s) will accompany my child. I further understand that my child's participation in such field trips and off-campus activities is strictly voluntary and done so at my sole discretion.

PARTICIPANT'S DUTY OF PROPER CONDUCT: I (We) and my child agree that my child's participation in these activities may be terminated for failure to behave and act in accordance with applicable regulations on conduct and for any acts of conduct of the above student deemed by the supervisor(s) and/or chaperone(s) to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the field trip or activity as a whole. If the participation of the above student is terminated, only the funds, if any, not actually used will be refunded, and the student may be sent home at my expense.

LIABILITY WAIVER: This is an extracurricular activity. This permission slip incorporates by reference and brings into full effects the terms of the liability waiver and assumption of the risk agreement on file with your school.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____





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Authorized Pick Up List

Student name(s): _____

For the safety of our students, Kona Adventist Christian School will only release students to individuals listed on this form. Changes, including the addition or removal of authorized individuals, must be done in writing.

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Students with parent/guardian authorization will be permitted to leave campus unescorted at the end of the school day (walk home, catch but, etc.)

_____ My child(ren) has permission to leave campus unescorted at the end of the
Initials school day.

_____ My child(ren) does NOT have permission to leave campus unescorted at the
Initials end of the school day.

Parent Signature: _____ Date: _____





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82-1013 Kinue Road, Captain Cook, Hawaii (808) 323-2788 Office www.kacs.adventistfaith.org

INTERNET ACCEPTABLE USE POLICY

To gain access to e-mail and the Internet, both student and parents must read and sign this form, indicating an understanding of the school's Internet Acceptable Use Policy.

The Internet is a powerful resource for expanding the educational experience of each student. Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and therefore support the school's choosing to make the Internet available to our students. Because ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege—not a right. Access entails responsibility.

Students are responsible for Christian behavior and communication on the KACS computer network, as well as anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. KACS takes very seriously the responsibility for appropriate use of the Internet. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, KACS will not be liable and the student will forfeit Internet privileges.

Students will adhere to Christian principles and will:

1. Be responsible and courteous in all communications.
2. Be responsible with all computer hardware and software.
3. Keep their passwords to themselves.
4. Respect the confidentiality of folders, work, and files of others.
5. Learn about and observe copyright laws.
6. Not view websites that promote crime, violence and pornography.

Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary, monetary or legal action. The school reserves the right to inspect any personal device brought to school if there is reasonable suspicion of improper use.

As a user of KACS computer network, I agree to comply with the above stated rules—communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student signature _____ Date _____

As the parent or legal guardian of the student signing above, I grant permission to access networked computer services such as electronic mail and the Internet.

I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with KACS in the guidance of Internet use—setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

Parent signature _____ Date _____